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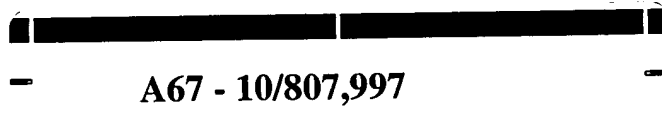
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(54) Title: METHOD FOR TREATING CERVICAL CANCER

(57) Abstract: Use of Interleukin-20 for treating cervical cancer or cells infected with human papilloma virus . IL-20 can be administered alone or in conjunction with radiation or chemotherapeutic agents or surgical excision of the involved cells or lesions.

METHOD FOR TREATING CERVICAL CANCER

5

BACKGROUND OF THE INVENTION

According to the American Cancer Society, 12,800 new cases of invasive cervical cancer would be diagnosed in the United States in 1999. During the same year,
10 4800 patients were expected to die of the disease. This represents approximately 1.8% of all cancer deaths in women and 18% of gynecological cancer deaths. However, for women aged 20 to 39 years of age, cervical cancer is the second leading cause of cancer deaths. Molecular and epidemiologic studies have demonstrated a strong relationship between human papillomavirus (HPV), cervical intraepithelial neoplasia, (CIN), and
15 invasive carcinoma of the cervix. Thus, there is a need to develop new therapeutic entities for the treatment of human papillomavirus infection, cervical intraepithelial neoplasia and carcinoma of the cervix.

DESCRIPTION OF THE INVENTION

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The present invention fills this need by administering interleukin-20 (IL-20) to a mammalian having cervical cancer. IL-20 can also be used to treat a human papillomavirus infection. The present invention also provides a method for inhibiting the growth of cervical cancer cells by bringing IL-20 into contact with said cancerous
25 cervical cells. Interleukin-20 (formally called Zcyto10) can be produced according to the method described in International Patent Application No. PCT/US98/25228 filed on November 25 1998. The human IL-20 polypeptide is comprised of a sequence of 176 amino acids with the initial Met as shown in SEQ ID NO:1 and SEQ ID NO:2. It is believed that amino residues 1-24 are signal sequence, and the mature IL-20
30 polypeptide is represented by the amino acid sequence comprised of residues 25, a leucine, through amino acid residue 176, a glutamic acid residue, also defined by SEQ ID NO:12. Another embodiment of the present invention is defined by the sequences of SEQ ID NO: 3 and SEQ ID NO: 4. The polypeptide of SEQ ID NO: 4 is comprised of

151 amino acid residues wherein amino acids 1-24 comprise a signal sequence and the mature sequence is comprised of amino acid residues 25, a leucine, through amino acid 151 a glutamic acid, also defined by SEQ ID NO:13. Another active variant is comprised of amino acid residues 33, a cysteine, through amino acid residue 176 of SEQ ID NO:2. This variant is also defined by SEQ ID NO:26.

Mouse IL-20 is also a polypeptide comprised of 176 amino acid residues as defined by SEQ ID NOs: 18 and 19. Mouse IL-20 has a signal sequence extending from amino acid residue 1, a methionine, extending to and including amino acid residue 24, a glycine of SEQ ID NO:19. Thus, the mature mouse IL-20 extends from amino acid residue 25, a leucine, to and including amino acid residue 176 a leucine of SEQ ID NO:19, also defined by SEQ ID NO:20. Another active variant is believed to extend from amino acid 33, a cysteine, through amino acid 176, of SEQ ID NO:19. This variant is also defined by SEQ ID NO:25.

A variant of mouse IL-20 is defined by SEQ ID NOs: 33 and 34. This variant is 154 amino acid residues in length and has a signal sequence extending from amino acid residue 1, a methionine, to and including amino acid residue 24, a glycine, of SEQ ID NO:34. Thus, the mature sequence extends from amino acid residue 25, a leucine, to and including amino acid residue 154, a leucine, of SEQ ID NO:34. The mature sequence is also defined by SEQ ID NO:35.

Pathology of Cervical Cancer

Cervical dysplasia cells and cervical intraepithelial neoplasia (CIN) cells develop into invasive cervical cancer over a number of years. CIN grades I, II and III correspond to mild, moderate, and severe cervical dysplasia. CIN III, which includes severe dysplasia and carcinoma *in situ*, is unlikely to regress spontaneously and, if untreated, may eventually penetrate the basement membrane, becoming invasive carcinoma. Squamous cell carcinoma accounts for 80 to 85% of all cervical cancers; adenocarcinomas account for most of the rest. Invasive cervical cancer usually spreads by direct extension into surrounding tissues and the vagina or via the lymphatics to the pelvic and para-aortic lymph nodes drained by the cervix. Hematologic spread is possible.

Symptoms, Signs and Diagnosis of Cervical Cancer

CIN is usually asymptomatic and discovered because of an abnormal Pap smear. Patients with early-stage cervical cancer usually present with irregular vaginal bleeding, which is most often postcoital, but intermenstrual bleeding or menometrorrhagia may occur. Patients with larger cervical cancers or advanced-stage disease may present with foul-smelling vaginal discharge, abnormal vaginal bleeding, or pelvic pain. Obstructive uropathy, back pain, and leg swelling are manifestations of late-stage disease. Suspicious lesions, generally first detected by a Pap smear are biopsied. If clinical disease is invasive, staging is performed on the basis of the physical examination, with a metastatic survey including cystoscopy, sigmoidoscopy, IV pyelography, chest x-ray, and skeletal x-rays.

Treatment of Cervical Cancer with IL-20

Cervical cancer can be treated by administration of IL-20 to a female mammal, particularly a human female, afflicted with the disease. IL-20 can be administered intralesionally, or intramuscularly for localized disease. For metastatic disease, IL-20 can also be administered by intraperitoneal administration including intravenous administration. IL-20 can be administered alone or in conjunction with standard therapies such as surgery, radiation or other chemotherapeutic agents such as bleomycin, chlorambucil, epirubicin, 5-fluorouracil, ifosfamide, mitomycin, methotrexate, vincristine, cisplatin and vinblastine.

Use of Interleukin-20 to Treat Cells Infected with the Human Papillomavirus/Genital Warts

Cells infected with the human papillomavirus (HPV) can be treated with IL-20 to inhibit the proliferation of the virus. Anogenital warts caused by HPV type 6, 11, 16, 18, 31, 33 and 35 are transmitted sexually and have an incubation period of 1 to 6 months. Endocervical wart infections caused by type 16 or 18 have been implicated as a cause of cervical intraepithelial neoplasia and cervical cancer. HPV types 16 and 18 generally do not cause external genital warts, which are usually caused by types 6 and 11.

Symptoms, Signs and Diagnosis

Genital warts usually appear as soft, moist, minute pink or gray polyps that enlarge, may become pedunculated, and are usually found in clusters. The surfaces resemble the surface of cauliflower. In men they occur most commonly on warm, moist surfaces in the subpreputial area, on the coronal sulcus, within the urethral meatus, and on the penile shaft. In women, the vulva, the vaginal wall, the cervix, and the perineum may become involved. They are particularly common in the perianal region and rectum in homosexual men. Growth rates vary, but pregnancy, immunosuppression, or maceration of the skin may accelerate both the growth of individual lesions and their spread. Genital warts usually can be identified by their appearance but must be differentiated from the flat-topped condyloma lata of secondary syphilis. Biopsies of atypical or persistent warts may be necessary to exclude carcinoma.

IL-20 can be administered directly into lesions containing cells infected with HPV alone or with standard therapies such as interferon alpha or interferon beta both of which are commercially available. Interferon alpha is available from Schering Corporation of Kenilworth, New Jersey and is called INTRON A®. Interferon beta is produced by Biogen of Cambridge, MA and is called AVONEX ®. IL-20 can also be administered with other standard therapies for treating HPV including antimetotics such as podophyllotoxin, podophyllin, or 5-fluorouracil; caustics such as trichloroacetic acid; or interferon inducers such as imiquimod.

The quantities of IL-20 for effective therapy will depend upon many different factors, including means of administration, target site, physiological state of the patient, and other medications administered. Thus, treatment dosages should be titrated to optimize safety and efficacy. Typically, dosages used *in vitro* may provide useful guidance in the amounts useful for *in vivo* administration of these reagents. Animal testing of effective doses for treatment of particular disorders will provide further predictive indication of human dosage. Methods for administration include, intravenous, peritoneal, intramuscular, or intralesional. Pharmaceutically acceptable carriers will include water, saline, buffers to name just a few. Dosage ranges would ordinarily be expected from 1µg to 1000µg per kilogram of body weight per day. However, the doses may be higher or lower as can be determined by a medical doctor with ordinary skill in the art. Excipients and stabilizers can possibly be added. These include glycine, histidine, glutamate, aspartate, sugars, sucrose, trehalose, galactose sorbitol, arginine, D-and/or L-amino acids, sugar alcohols, lactose, maltose, threonine, lysine, methionine, isoleucine, a surface active agent such as TWEEN 80, TWEEN 20,

polyethylene glycol (PEG) (particularly those PEGs having molecular weights between 1000 and 35000 Da), cetyl alcohol, polyvinylpyrrolidone, polyvinyl alcohol, lanolin alcohol and sorbitan. A reducing agent may be included, such as cysteine, N-acetyl-cysteine, and thioglycerol. For a complete discussion of drug formulations and dosage ranges see *Remington's Pharmaceutical Sciences*, 18th Ed., (Mack Publishing Co., Easton, Penn., 1996), and *Goodman and Gilman's: The Pharmacological Bases of Therapeutics*, 9th Ed. (Pergamon Press 1996).

IL-20 can also be administered in conjunction with other treatments for cervical cancer such as radiation and chemotherapy. Examples of chemotherapeutic agents include bleomycin, chlorambucil, epirubicin, 5-fluorouracil, ifosfamide, mitomycin, methotrexate, vincristine, cisplatin and vinblastine.

Example

We tested IL-20 in a HeLa299 cytotoxicity assay to measure the ability of IL-20 to prevent cells from growing during normal growth conditions. We used MTT reagent (Promega, Madison, USA) as our detection and readout for this cell inhibition assay. Procedure of a cytotoxicity assay:

Day 1- Plate cells out in complete growth media (with serum) at 5000cells/well in a 96well format and let them incubate overnight at 37degrees and 5% CO2.

Day 2- Dump off media and add a dose response of appropriate ligands in complete growth media (IL-20, zmda1, and MDA7 at 10, 100, and 1000 ng/ml.), along with a positive control retinoic acid (100uM) in complete growth media, while leaving some wells in complete growth media as controls of how the cells normally grow under normal conditions. Put the cells in incubator and let the assay go for 72hrs.

Day 5- Add 15ul/well of MTT reagent, let cells inc. for 4hrs., then add 100ul of stop solution, let cells inc. for an additional 1hr., then read the plate on a multilabel counter (Victor2, PerkinElmer Life Sciences Inc., Boston). The MTT protocol will give you two readings, one at a 650 wavelength (background) and one at a 572 wavelength. Subtract

the 650 reading from the 572 reading to get your actual output. These numbers are averaged and converted to a % inhibition value.

Results:

- 5 -Retnoic Acid gave a 53% inhibition of growth (positive control)
- IL-20 gave a maximal 20% inhibition of growth

WHAT IS CLAIMED IS:

1. A method for inhibiting the growth and or proliferation of cervical cancer cells comprising bringing Interleukin-20 (IL-20) into contact with the cervical cancer cells.
2. The method of claim 1 wherein the cervical cancer cells are treated with radiation in conjunction with IL-20.
3. The method of claim 1 wherein the cervical cancer cells are treated with one or more additional chemotherapeutic agents in conjunction with IL-20.
4. The method of claim 3 wherein the chemotherapeutic agent is selected from the group consisting of bleomycin, chlorambucil, epirubicin, 5-fluorouracil, ifosfamide, mitomycin, methotrexate, vincristine, cisplatin and vinblastine.
5. A method for treating a female mammal afflicted with cervical cancer comprising administering to said female mammal IL-20.
6. The method of claim 5 wherein the IL-20 is administered in conjunction with radiation.
7. The method of claim 5 wherein the IL-20 is administered in conjunction with a chemotherapeutic agent.
8. The method of claim 7 wherein the chemotherapeutic agent is selected from the group consisting of bleomycin, chlorambucil, epirubicin, 5-fluorouracil, ifosfamide, mitomycin, methotrexate, vincristine, cisplatin and vinblastine.

9. A method for inhibiting the proliferation or growth of human papillomavirus (HPV) comprising bringing IL-20 into contact with cells infected with HPV.
10. The method of claim 9 wherein the IL-20 is injected into a genital wart infected with HPV.
11. The method of claim 9 wherein the IL-20 is administered in conjunction with the consisting of interferon alpha, interferon beta, podophyllotoxin, podophyllin and 5-fluorouracil, trichloroacetic acid, and imiquimod.
12. The method of claim 9 wherein the IL-20 is administered in conjunction with electrocauterization, laser, cryotherapy, or surgical excision of the cells infected with HPV.
13. A method for treating an individual infected with HPV comprising administering to said individual a therapeutically effective amount of IL-20.
14. The method of claim 13 wherein said individual has genital warts or lesions infected with HPV and the IL20 is injected into the lesions or genital warts infected.
15. The method of claim 14 wherein said the IL-20 is injected into said warts in conjunction with electrocauterization, laser, cryotherapy, or surgical excision of the genital warts or lesions infected with HPV.
16. The method of claim 14 wherein the IL-20 is administered in conjunction with the consisting of interferon alpha, interferon beta, podophyllotoxin, podophyllin and 5-fluorouracil, trichloroacetic acid, and imiquimod.
17. The use of IL-20 for the production of a medicament for the treatment of cervical cancer.

18. The use of IL-20 for the production of a medicament for the treatment of human papilloma virus infection.

SEQUENCE LISTING

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INTERNATIONAL SEARCH REPORT

International application No.

PCT/US02/40309

A. CLASSIFICATION OF SUBJECT MATTER

IPC(7) : A61K 38/00, 39/00, 45/00

US CL : 424/85.1, 198.1; 514/2

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 424/85.1, 198.1; 514/2

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
Please See Continuation Sheet**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A ✓	WO 99/03982 A1 (HUMAN GENOME SCIENCE, INC.) 28 January 1999 (28.01.1999), see entire document.	1-18
A ✓	US 6,486,301 B1 (EBNER et al) 26 November 2002 (26.11.2002), see entire document.	1-18
A ✓	BLUMBERG et al. Interleukin 20: Discovery, Receptor Identification, and Role in Epidermal Function. Cell. 12 January 2001, Vol. 104, No. 1, pages 9-19, see entire document.	1-18

☐ Further documents are listed in the continuation of Box C.☐ See patent family annex.

* Special categories of cited documents:

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T"

later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X"

document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y"

document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&"

document member of the same patent family

Date of the actual completion of the international search

02 April 2003 (02.04.2003)

Date of mailing of the international search report

22 APR 2003

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Box PCT
Washington, D.C. 20231

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Authorized officer

Melissa D. Roberts for
Christopher Yaen

Telephone No. 703-308-0196

INTERNATIONAL SEARCH REPORT

PCT/US02/40309

Continuation of B. FIELDS SEARCHED Item 3:

STN DATABASE, MEDLINE, CANCERLIT, BIOSIS, CONFSCI, CAPLUS, EMBASE, SCISEARCH, USPATFULL, PCTFULL

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